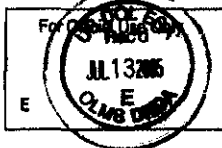


**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2834</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RICHARD A EDMONDS JR</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 620</u> Street _____ City <u>VINTON</u> State <u>VA.</u> ZIP Code + 4 <u>24179</u>	4. Name, file number, and address of labor organization. Name <u>SYSTEM COUNSEL 6 NCF0/SE14</u> Labor Organization File Number <u>015-086</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 620</u> Street <u>VINTON</u> City <u>VINTON</u> State <u>VA</u> ZIP Code + 4 <u>24179</u>
5. Position in labor organization. <u>GENERAL CHAIRMAN</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>RA Edmonds</u>	On <u>7/6/2005</u> (540) 400-7838 Date Telephone Number

Name of Person Filing	RICHARD A EDMONDS JR	File Number U-	2829
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer N/A
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	<b>11.a. Nature of such dealing.</b> N/A <b>11.b. Approximate dollar value of such dealing.</b> <b>12.a. Nature of interest held or income received.</b> N/A <b>12.b. Amount.</b>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name: WILLARD MOODY Trade Name, if any: LAW FIRM P.O. Box, Bldg., Room No., if any Street: 500 CRAFT ST SUITE 300 City: PORTSMOUTH State: VA ZIP Code + 4: 23704	<b>14.a. Nature of payment.</b> FOOD 4/3/04 \$54
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>

Name of Person Filing <u>RICHARD A EDWARDS JR</u>	File Number U- <u>2824</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name _____ Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer <u>N/A</u>
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>N/A</u> Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> <u>N/A</u> <b>11.b. Approximate dollar value of such dealing.</b> _____ <b>12.a. Nature of interest held or income received.</b> <u>N/A</u> <b>12.b. Amount.</b> _____

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <u>BILL KVAS</u> Trade Name, if any: <u>LAW FIRM</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1650 INTERNATIONAL CENTRE</u> City <u>MINNEAPOLIS</u> State <u>MN</u> ZIP Code + 4 <u>55402</u>	<b>14.a. Nature of payment.</b> <u>Food 3/30/04 \$50</u>
<b>13.b. Is the Business an Employer</b> _____ <b>or Consultant</b> _____ <b>?</b>	<b>14.b. Amount of payment.</b> _____

Name of Person Filing <b>RICHARD A EDMONDS JR</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>N/A</u></p> <p>Trade Name, if any: <u>N/A</u></p> <p>P.O. Box, Bldg., Room No., if any <u>N/A</u></p> <p>Street <u>N/A</u></p> <p>City <u>N/A</u></p> <p>State <u>N/A</u> ZIP Code + 4 <u>N/A</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p><u>N/A</u></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>N/A</u></p> <p>Trade Name, if any: <u>N/A</u></p> <p>P.O. Box, Bldg., Room No., if any <u>N/A</u></p> <p>Street <u>N/A</u></p> <p>City <u>N/A</u></p> <p>State <u>N/A</u> ZIP Code + 4 <u>N/A</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>N/A</u></p> <p>11.b. Approximate dollar value of such dealing. <u>                    </u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>N/A</u></p> <p>12.b. Amount. <u>                    </u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>C. MARSHALL FRIEDMAN</u></p> <p>Trade Name, if any: <u>LAW FIRM</u></p> <p>P.O. Box, Bldg., Room No., if any <u>                    </u></p> <p>Street <u>1010 MARKET STREET 13 FL</u></p> <p>City <u>ST. LOUIS</u></p> <p>State <u>MISSOURI</u> ZIP Code + 4 <u>63101</u></p>	<p>14.a. Nature of payment.</p> <p><u>Food 12/15/05 \$50</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>                    </u></p>

Name of Person Filing RICHARD A EDMONDS JR

File Number U-

2824

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

Motel Room 3/2/04 \$57  
SAFETY Meeting  
FOOD 3/2/04 \$35  
FOOD 3/24/04 \$65  
CONSOLIDATED Agreement Meeting

13.b. Is the Business an Employer

or Consultant

?

## 14.b. Amount of payment.

Name of Person Filing RICHARD A EDMONDS JRFile Number U- 2824

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N/A  
Trade Name, if any: N/A  
P.O. Box, Bldg., Room No., if any N/A  
Street N/A  
City N/A  
State N/A ZIP Code + 4 N/A

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer N/A

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N/A  
Trade Name, if any: N/A  
P.O. Box, Bldg., Room No., if any N/A  
Street N/A  
City N/A  
State N/A ZIP Code + 4 N/A

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name RICHARD CRANWELL  
Trade Name, if any: LAW FIRM  
P.O. Box, Bldg., Room No., if any N/A  
Street 111 VIRGINIA AVE  
City VINTON  
State VA ZIP Code + 4 24179

14.a. Nature of payment.

FOOD 12/10/04 \$5013.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.